

UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE

Address to: Commissioner for Patents Box PATENT APPLICATION Washington, DC 20231					Attorney Docket No.	et No. HUAN3009/EM/6712		
					First Named Inventor (or identifier)	dentifier) CIII-Faily HOANG		
					Total Pages			
		Transmitt	ed herew	ith is a pater	nt application u	nder 37 CFR 1.53	(b).	
Entitled: Printed		On-Display Antenna of Wireless Mobile Personal Terminal						
×	1.	Submitted herewith are the following:						
		 9 pages of specification, including Claims and Abstract 3 sheets of formal drawings (Figs. 1-4) 12 claim(s). 1 Oath/Declaration signed by each inventor. 0 Preliminary Amendment. 0 Information Disclosure Statement(s). 0 pages of Form PTO-1449, and one copy of each document listed thereon. 1 Assignment of the invention, Cover Sheet, and payment of the \$40.00 recordal fee. 0 certified copy of application no filed in Priority is claimed. 1 check in the amount of \$530.00 (\$355 Filing Fee; 135 Multiple Dependent Claim Fee and \$40.00 Assignment Recordal Fee) 						
×	2.	SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.						
Ø	3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.						
	4.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed						
	5.	Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed						
	6.	Other:						
Reg.	No. 25	5,893; Richar	rd E. Fichter	, Reg. No. 26,3	s) are J. Ernest Ke 82; Thomas J. Moo rcia, Reg. No. 33,8	nney, Reg. No. 19,179 ore, Reg. No. 28,974; . 05.	9; Eugene Mar, Joseph	
THE FILING FEE IS CALCULATED AS I					ows:	Basic Fee:	\$710.00	
Total Claims:			12	- 20 =		X \$18 =		
Independent Claims: 1				- 3 =		X \$80 =		
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176					Multiple Depe	ndent Claim (add \$270.00):	270.00	
						Subtotal:	980.00	
					50% Redu	50% Reduction if Small Entity Status: 490.00		
Phor	ne: 703	-683-0500	Fax: 703-683-1080		30	Total:	490.00	
Date:			Name:			Signature:	Reg. No.	
/	April 19	9, 2001	Ric	chard E. Fichte	Ric	land Eticlete	-25,89 3	
					•		26 38-2 (160CT00)	